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25 January 1972

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MEMORANDUM FOR : [ ] Historical Officer,  
Office of Medical Services  
FROM : Support Services Historical Officer (SSHO)  
SUBJECT : Revision of OMS Overview

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1. Returned herewith is the first draft of the Overview of the OMS. It is a well written and well organized work. For purposes of the historical program, however, we (both [ ] and I reviewed the paper in detail) think that the paper must have more illustrative examples and specific source references. It is certainly legitimate to tell the reader that other of the papers in the OMS series will have "more detailed discussion," but some of these specifics need to be extracted for inclusion in the overview. We have indicated on the copy points at which an example would help; we have noted various footnotes which, in fact, should be source references; and we have noted most of the points in the text which should be given a source reference number and the document listed in the sources.

2. Although most of the items listed below probably have been noted on the copy, these are the kinds of items which might be expanded in your report:

Korean War demands, pp. 13-14.  
Growth of training demands in 1951, pp.23-24.  
Growing demands from OPC, p.25.  
Research activities of PCD, p. 29.  
Psychiatric services, p. 34. What kinds of service to OS and DDP? What was DDI interest in group therapy?  
U-2 project, p. 37. What did OMS do?  
Personality studies, pp. 41, 55, 86. How done and how used?  
Health of on-duty personnel, pp. 76-77. What steps were taken after the BOB directive?  
Research on defectors, pp. 81-82.

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3. I would like to bring to your attention the following comment made by [ ] because I also think that the emphasis on recruiting is rather heavy:

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" I feel that the overview paper should say something about major problems -- in addition to that of recruiting qualified physicians. A few suggestions: DDP resentment of medical holds on overseas assignees, OTR gripes about delay in processing JOT's, alleged preferential treatment for people of higher grades, the OMS lean-over-backwards posture to avoid trespass on the territory of private practice. Probably there were more important ones that I know nothing about."

4. With the suggested revisions, there is no question but that this paper will be a most useful history. If you have any questions, please call me. Incidentally, I am very pleased that we now have first drafts of most of the OMS papers. The Psychiatric Staff is going forward for final review by this Staff, but Psychological Services will be coming back to you for extensive reworking. I hope to take an initial run on Field Support before this week is out.

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17 January 1972

Jack:

Herewith the Medical Services overview. It's well organized and well written. My editing is largely of the nit-pick variety. There are, of course, a few problems.

The only sources are those given in the footnotes -- a total of about eight, most of them references to other OMS papers. Perhaps the writer feels that an overview paper need not be sourced -- that's done in the component papers. He may be right. Do we need a policy decision?

I agree with you that the paper needs more specifics, but again there's a question of principle -- should the specifics be covered in the component papers and left out of the overview? I don't think so, but neither do I think that the overview should repeat all of the specifics of the component papers. [ ] refers the reader to other OMS papers for "more detailed discussion," which is fine, but I think that this paper should have enough illustrative examples to let it stand on its own merits. Here are a few things that might be exemplified:

Korean War demands, pp. 13-14. Examples?

Growth of training demands in 1951, pp. 23-24.

What were they and how many?

Growing demands from OPC, p. 25. Specific examples?

Research activities of PCD, p. 29. Examples?

Services of Psychiatric Division, p. 34. What kinds of services to OS and DDP? What was the DDI interest in group therapy?

OMS in the U-2 project, p. 37. What did OMS do?

Personality studies, pp. 41, 55, 86. How were they done and how were they used?

Health of on-duty personnel, pp. 76-77. What steps were taken after the BOB directive?

Research on defectors, pp. 81-82. Specific examples?

I feel that the overview paper should say something about major problems -- in addition to that of recruiting qualified physicians. A few suggestions: DDP resentment of medical holds on overseas assignees, OTR gripes about delay in processing JOT's, alleged preferential treatment for people of higher grades, the OMS lean-over-backwards posture to avoid trespass on the territory of private practice. Probably there were more important ones that I know nothing about.

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